PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used f correspondence includir ed below or directed oth tions.	or transmitting the ISSU g the Patent, advance o erwise in Block 1, by (ould be completed where correspondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
400 GARDEN O SUITE 300			Certif	icate of Mailing or	Transn		
GARDEN CITY	', NY 11530		Art 6, 1-20,				(Depusitor's name)
							(Signature)
			<u> </u>				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	F	ATTORNEY DOCKET	NO.	CONFIRMATION NO.
10/591,167 08/30/2006			Francescantonio Melara 23985 6047			6047	
		-	F FURNITURE AND THE	g	TEN TOTAL TRACE	* ** ***	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	<u> </u>	············	DATE DUE
nonprovisional	YES	\$755	\$300	\$0 1	\$1055		12/24/2009
		ART UNIT	CLASS-SUBCLASS				
O BRIEN, JEFFREY D 3677			016-03500R	12.			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form 			(1) the names of up to or agents OR, alternation (2) the name of a single	inting on the patent front page, list names of up to 3 registered patent attorneys s OR, alternatively, name of a single firm (having as a member a de attorney or agent) and the names of up to red patent attorneys or agents. If no name is			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent atto listed, no name will be	rneys or agents, if no printed.	name is 3		<u> </u>
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Emilsider Meccanica S.p.A. Cadriano DiGranarolo Dell'Emilia, Italy							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: Solution S							
exetons.	itus (from status indicate ns SMALL ENTITY state		☐ b. Applicant is no lon	ger claiming SMALI	. ENTITY status. Sec	e 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature			Date Dece	ember 1, 200	9		
Typed or printed nam	ne Thomas Spi	inelli	hold for Million to the form of the form o	Registration No	39,533		
This collection of inform	nation is required by 37 (FR 1.311. The informati	on is required to obtain or a	etain a benefit by the	public which is to fi	ile (and	by the USPTO to process)

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.